|                                                                                                                                 |                                                                                     |                                           |                                       | Application or Docket Number         |              |                  |              |                  |                        |        |            |                        |  |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------|--------------------------------------|--------------|------------------|--------------|------------------|------------------------|--------|------------|------------------------|--|
|                                                                                                                                 | PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  M - 9793 US |                                           |                                       |                                      |              |                  |              |                  |                        |        |            |                        |  |
|                                                                                                                                 |                                                                                     | CLAIMS AS                                 | S FILED -                             | SM                                   | SMALL ENTITY |                  |              | OTHER THAI       |                        |        |            |                        |  |
| (Column 1) (Column 2)                                                                                                           |                                                                                     |                                           |                                       |                                      |              | mn 2) TYPE       |              |                  |                        | OR     | SMALL      |                        |  |
| TC                                                                                                                              | TAL CLAIMS                                                                          |                                           | 19                                    |                                      |              |                  | RATE FE      |                  | FEE                    | 1      | RATE       | FEE                    |  |
| FO                                                                                                                              | R                                                                                   |                                           | NUMBER                                | NUMBER FILED                         |              | NUMBER EXTRA     |              | BASIC FEE 355.00 |                        | OR     | BASIC FEE  | 710.00                 |  |
| то                                                                                                                              | TAL CHARGEA                                                                         | ABLE CLAIMS                               | 19 minus 20=                          |                                      | . 0          |                  | X\$ 9=       |                  | OR                     | X\$18= |            |                        |  |
| INE                                                                                                                             | EPENDENT CL                                                                         | LAIMS                                     | 2 m                                   | nus 3 =                              | 0            |                  | X40=         |                  |                        | OR     | X80=       |                        |  |
| MU                                                                                                                              | LTIPLE DEPEN                                                                        | IDENT CLAIM P                             | RESENT                                |                                      |              | +135=            |              | 1                | +270=                  |        |            |                        |  |
| • If                                                                                                                            | the difference                                                                      | in column 1 is                            | less than zero, enter "0" in column 2 |                                      |              |                  | L            | OTAL             |                        | OR     | TOTAL      | 210                    |  |
|                                                                                                                                 | С                                                                                   | •                                         | 0.7.2                                 | <u> </u>                             | 10.,         | OTHER            |              |                  |                        |        |            |                        |  |
|                                                                                                                                 |                                                                                     | (Column 1)                                |                                       | NDED - PART II<br>(Column 2) (Column |              |                  |              | SMALL ENTITY     |                        |        | SMALL      |                        |  |
| AMENDMENT A                                                                                                                     | ·<br>·                                                                              | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGH<br>NUM<br>PREVIO<br>PAID        | BER<br>DUSLY | PRESENT<br>EXTRA |              |                  | ADDI-<br>TIONAL<br>FEE |        | RATE       | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                                                                 | Total                                                                               | $\cdot \mathcal{P}$                       | Minus                                 | 2                                    | 0            | = 0              | >            | <b>(\$ 9=</b>    |                        | OR     | X\$18=     |                        |  |
|                                                                                                                                 | Independent                                                                         | NTATION OF MI                             | Minus                                 | PENDENI                              | S CLAIRA     | = 0              | X40=         |                  |                        | OR     | X80=       |                        |  |
|                                                                                                                                 | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                      |                                           |                                       |                                      |              |                  |              |                  |                        | OR     | +270=      |                        |  |
| •                                                                                                                               |                                                                                     |                                           |                                       |                                      |              |                  |              | TOTAL            |                        | OR     | TOTAL      |                        |  |
|                                                                                                                                 |                                                                                     | (Column 1)                                |                                       | (Colur                               | nn 2)        | (Column 3)       | ADL          | DIT. FEE         | ·                      |        | ADDIT. FEE |                        |  |
| AMENDMENT B                                                                                                                     | CLAIMS<br>REMAINING                                                                 |                                           | HIGH                                  |                                      | EST          |                  |              |                  | ADDI-                  | 1 1    |            | ADDI-                  |  |
|                                                                                                                                 |                                                                                     | AFTER<br>AMENDMENT                        |                                       | NUM<br>PREVIO<br>PAID                | DUSLY        | PRESENT<br>EXTRA | F            | RATE             | TIONAL<br>FEE          |        | RATE       | TIONAL<br>FEE          |  |
|                                                                                                                                 | Total                                                                               | •                                         | Minus                                 | **                                   |              | =                | ×            | (\$ 9=           |                        | OR     | X\$18=     | ,,,,,                  |  |
| AME                                                                                                                             | Independent                                                                         | NTATION OF MI                             | Minus                                 | ***                                  | . 01 4 44    | =                | ,            | (40=             |                        | OR     | X80=       |                        |  |
|                                                                                                                                 | FIRST PRESE                                                                         | NTATION OF MU                             | JLIIPLE DEF                           | ENDENI                               | CLAIM        |                  | <b>'</b>   , | 135=             |                        | OR     | +270=      |                        |  |
| TOTAL                                                                                                                           |                                                                                     |                                           |                                       |                                      |              |                  |              |                  |                        | į      | TOTAL      |                        |  |
|                                                                                                                                 |                                                                                     | <b>(2.4</b>                               | ,                                     |                                      |              |                  | ADD          | IT. FEE          | 1                      | OR ,   | ADDIT. FEE |                        |  |
|                                                                                                                                 |                                                                                     | (Column 1)<br>CLAIMS                      |                                       | (Colur                               |              | (Column 3)       |              |                  |                        |        |            |                        |  |
| AMENDMENT C                                                                                                                     |                                                                                     | REMAINING<br>AFTER<br>AMENDMENT           | ·                                     | NUMI<br>PREVIO<br>PAID               | BER<br>DUSLY | PRESENT<br>EXTRA | R            | ATE              | ADDI-<br>TIONAL<br>FEE |        | RATE       | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                                                                 | Total                                                                               | •                                         | Minus                                 | ••                                   |              | =                | X            | \$ 9=            |                        | OR     | X\$18=     |                        |  |
|                                                                                                                                 | Independent                                                                         | •                                         | Minus                                 | ***                                  |              | =                | x            | 40=              |                        |        | X80=       |                        |  |
|                                                                                                                                 | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                      |                                           |                                       |                                      |              |                  |              |                  |                        | OR     |            |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                                           |                                                                                     |                                           |                                       |                                      |              |                  |              |                  |                        |        |            |                        |  |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL ADDIT. FEE  ADDIT. FEE           |                                                                                     |                                           |                                       |                                      |              |                  |              |                  |                        |        |            |                        |  |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                                                     |                                           |                                       |                                      |              |                  |              |                  |                        |        |            |                        |  |

FORM PTO-875 (Rev. 8/00)

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October 18, 2004

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## Via Facsimile to (703) 872-9306

Mail Stop AMENDMENT Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Re:

Applicant(s):

Timothy R. Feldman, Lane W. Lee, Michael F. Braitberg, Douglas M. Rayburn;

Gary G. Kiwimagi

Assignee:

DPHI Acquisitions, Inc.
Secure Access Method and System

Title: Serial No.:

09/940,083

Filed:

August 27, 2001

Examiner:

Bradley B. Bayat

Group Art Unit: 3621

|                  |                        |                                      | Docket No.:                                                                                                                                 | M-979                                                            | 3 US                                 | Confir                              | mation No.:                          | 6399                 |                                          |             |
|------------------|------------------------|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------|-------------------------------------|--------------------------------------|----------------------|------------------------------------------|-------------|
|                  | Dear S                 | ir:                                  |                                                                                                                                             |                                                                  |                                      |                                     |                                      |                      |                                          |             |
|                  |                        | (1) Ce<br>(2) Th<br>(3) Cl<br>(4) Pe | mitted herewith are<br>extification of Facsi<br>his Transmittal Lett<br>alm of Small Entity<br>etition for Extension<br>esponse to Office A | mile Transmi<br>er (1 page);<br>/ Status (1 pa<br>1 of Time (1 ) | ission (1 page<br>ge);<br>page); and | in the above-<br>);                 | identified ap                        | plication:           |                                          |             |
|                  | Ø                      |                                      | Iditional fee is requee has been calcula                                                                                                    | ted as shown                                                     | CLAIMS                               | меирви                              |                                      |                      |                                          |             |
|                  | Total C                | laims                                | Claims Remaining After Amendment                                                                                                            | Minus                                                            | Highest No.<br>Previous<br>Paid For  | Prese<br>Extra                      | Rat                                  | A                    | additional <u>Fee</u><br>- 0 -           |             |
| •                | Indepen<br>Claims      | dent                                 | 2                                                                                                                                           | Minus                                                            |                                      | = 0                                 | x \$43                               | .00 \$               | -0-                                      | <del></del> |
|                  |                        |                                      | 145.00 for the first fil<br>nt claims per applicat                                                                                          |                                                                  | nore multiple                        |                                     |                                      | 5                    |                                          | <del></del> |
|                  |                        | extension                            | of Time (2 month)                                                                                                                           | <u>J</u>                                                         | Mi .                                 |                                     | _                                    | E S                  | 490.00                                   |             |
| ·                | _                      | the enclo                            | Total additional for<br>mal Petition for Externsed document(s) after<br>n of time is hereby re                                              | sion of Time:                                                    | If an extension                      | n of time is req<br>nsmittal have i | uired for time<br>seen considere     | ly filing ?          |                                          |             |
|                  | ×                      | Please                               | charge our Depo                                                                                                                             | sit Accoun                                                       | it No. 50-22:                        | 57 in the an                        | nount of                             | /// s                | 490.00                                   |             |
|                  |                        | Also, c<br>Accou                     | harge gny additi<br>nt No. 30-2257                                                                                                          | ional fees re                                                    | equired and                          | credit any                          | overpaym                             | ent to our De        | posit                                    |             |
| . BAAP OWAS BAIR | I herel transm date si | Certify by certify itted to hown it. | fication of Passimile<br>y that this paper is bei<br>the U.S. Patent and T                                                                  | ing facsimile<br>redemark Office<br>October 18<br>Date of Sign   | 2004<br>nature                       | Reg. No. 4                          | V. Haliman<br>or Applicants<br>2,622 | 00008 502257 0994008 | BD 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |             |
| PAGE DIO. KCAD   | AI 1W18/Z              | U <b>14 9:74:</b> "                  | 12 PM (Eastern Dayligh)                                                                                                                     | imel. easene                                                     | pioeparf-14'                         | . NVIZSVZBYOP,                      | CSID:949/32/(                        | AY DURATION (1       | Im≱s):UJ-10<br>≳                         |             |